

15. CIVILIAN AND MILITARY EDUCATION *(Do not repeat education shown in Item 14)*

15A. GIVE HIGHEST ELEMENTARY OR HIGH SCHOOL GRADE COMPLETED	15B. IF YOU DID NOT GRADUATE, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY DIPLOMA? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Item 15C)</i>	15C. DATE YOU COMPLETED THE REQUIREMENTS FOR A HIGH SCHOOL EQUIVALENCY CERTIFICATE			
15D. NAME OF COLLEGE OR OTHER SCHOOL <i>(Include City and State)</i>	DATES ATTENDED		CREDIT HOURS		DEGREE RECEIVED
	FROM	TO	SEMESTER	QUARTER	NAME OR DESCRIPTION OF COURSE OF STUDY
15E. NAME OF APPRENTICESHIP OR OTHER ON-THE-JOB TRAINING COURSE	15F. DATES OF TRAINING		15G. PLACE OF TRAINING		
	FROM	TO			
15H. HAVE YOU EVER HELD A LICENSE TO PRACTICE A PROFESSION OR JOURNEYMAN RATING TO WORK AT A TRADE? <i>(Examples: electrician, radio operator, CPA, teacher, lawyer, bricklayer, FAA Certificate, etc.)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," complete Items 15I and 15J)</i>			15I. NAME OF LICENSE OR JOURNEYMAN RATING		15J. STATE IN WHICH HELD

16. NON-MILITARY OCCUPATIONS *(Do not complete Item 16B if on active duty)*

PRINCIPAL OCCUPATION		NUMBER OF MONTHS EMPLOYED IN THAT OCCUPATION
A. BEFORE ENTERING MILITARY SERVICE		
B. AFTER LEAVING MILITARY SERVICE		

17. VOCATIONAL FLIGHT TRAINING *(Complete only if applying for this training)*

NOTE: If you are considering enrolling in a flight training program you must have a valid private pilot's license in order to receive VA benefits. In addition, you must meet the medical requirements necessary for a commercial pilot's license. The required medical certificate must be kept current throughout your course.

PREVIOUS AVIATION EXPERIENCE		NUMBER OF HOURS
A. AIRCRAFT MODEL		
B. FAA CERTIFICATES AND RATINGS		

18. PROGRAM OF EDUCATION AND ENROLLMENT INFORMATION

CAREER PLANNING ASSISTANCE AVAILABLE: (See Specific Instructions for Item 18.) VA's professional career counselors can help you plan your education and employment, including the selection of a school or training facility at which you can carry out your plans. You may request this counseling at any time during your period of eligibility for educational benefits, or within one year of your last discharge or release from active duty under other than dishonorable conditions even if you are not eligible for education benefits.

NOTE: If you have any questions about your education benefits, or if you require further information on other VA benefits or desire counseling, you can call VA TOLL-FREE using the following phone number(s): **(800) 827-1000 or TDD (800) 829-4833**

18A. IF YOU KNOW THE PROGRAM YOU WANT, WHAT IS THE FINAL EDUCATIONAL, PROFESSIONAL OR VOCATIONAL GOAL YOU PLAN TO REACH THROUGH THE PROGRAM? <i>(Highest degree or occupation)</i>			
18B. IF YOU HAVE SELECTED YOUR PROGRAM, DESCRIBE THE COURSE OF STUDY (MAJOR) YOU WILL BE TAKING <i>(List each diploma and specific degree or vocational course)</i>			
18C. EDUCATION OR TRAINING WILL BE BY: <input type="checkbox"/> SCHOOL ATTENDANCE <input type="checkbox"/> FLIGHT TRAINING <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> INDEPENDENT STUDY <input type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB		18D. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT <i>(If known)</i>	
18E. DATE YOUR PROGRAM BEGAN OR WILL BEGIN <i>(Month, day, year) (If known)</i>		18F. DO YOU PLAN TO TAKE ANY REFRESHER COURSES? <i>(See Specific Instructions for Item 18G)</i> <i>(If "Yes," list refresher course(s) by name and number and give your reasons for needing such training in Item 20, Remarks)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
18G. DO YOU EXPECT TO RECEIVE NON-VA EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR THE PUBLIC HEALTH SERVICE DURING THIS PERIOD OF EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," furnish full details in Item 20, Remarks)</i>		18H. IF YOU ARE NOT ON ACTIVE DUTY AND ARE AN EMPLOYEE OF THE U. S. GOVERNMENT, DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEES' TRAINING ACT DURING THIS PERIOD OF EDUCATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If "Yes," furnish full details in Item 20, Remarks)</i>	